

FP-101 Revenue Code: 617 (Rev. 4.2018)

The Commonwealth of Massachusetts Department of Fire Services



Post Office Box 1025, Stow, Massachusetts 01775 (978) 567-3300 Fax: (978) 567-3199



Application for Construction and Installation of a tank in excess of 10,000 gallon gross capacity, for aboveground storage of fluids other than water.

One tank per application, unless the additional tank(s) are identical and contain the identical fluid. When approved, this application becomes the **Permit to Construct** or install the tank. When the tank has been built, tested and approved, a **Use** Permit will be issued. See page 2 of 2 of this application for the submittal requirements. For tank maintenance, as defined in 502 CMR 5.00, use the Application for Maintenance.

| Business name: |
|--|
| Street address: |
| Business (mailing) address: |
| Address (or location) of tank: |
| Business contact name:Telephone number: |
| Business contact e-mail address: |
| Description of tank: |
| Manufacturer of the tank: |
| Manufacturer address: |
| ☐ New tank ☐ Used tank (additional information will be required) Number of Tanks: |
| Tank constructed/manufactured according to: API 650 ASME UL 142 UL 2085 UL 2080 Other: |
| Tank construction standard: Tank gross maximum capacity: gallons |
| Horizontal tank Diameter (feet): Length (feet): |
| ☐ Vertical tank Diameter (feet): Height (feet): |
| Fluid to be stored in tank: Flash point (°F): |
| Compartmented tank? Yes, number of compartments and capacities: No |
| Is this tank located in a vault? ☐ Yes No ☐ Secondary containment tank (doublewall tank)? ☐ Yes ☐ No |
| Retaining basin (dike) provided? Yes, net capacity of dike: No |
| Description of retaining basin (dike): ☐ Metal ☐ Clay ☐ Reinforced concrete ☐ Other |
| Office use only Fee Paid: Date received: Entered by: |

| | ance and tested according to: API 653 API 510 STI SP-001 NBIC FTPI TENTONE T |
|--|--|
| Name of applican | at (a sint). |
| name of applicar | nt (print): |
| Applicant E-Mail | Address: |
| Check one: ☐ C | wner 🗌 Owner's rep. 🔲 Operator 🗎 Installer 🔲 Engineer 🗎 Other: |
| Business name:_ | |
| Address: | |
| Telephone numb | er: Fax Number: |
| | , I certify that to the best of my knowledge, the tank, its installation and ancillary equipment were designed to sions of 527 CMR 1.00, 502 CMR 5.00, any other applicable standard and in accordance with good tices. |
| Signature: | Date: |
| Has the local fire | department been consulted about a flammable/combustible liquids permit (MGL c. 148 s 10A & 23)?: |
| | |
| ☐ Yes ☐ No | □ Not required - Local Fire Chief (or designee) signature: |
| Any Fire Chief co | mments? |
| | |
| The fo | llowing is the Permit to Construct [502 CMR 5.04(2)] contingent on the attached approval letter: |
| MASS. DEPARTMENT OF | |
| APP | ROVED: Issue Date: |
| Constant of the constant of th | ROVED: Issue Date: State Fire Marshal or designee |
| one year of comm | work shall commence within six months from the date the permit was issued and must be completed within nencement. If the work has not started or completed during the stated time period the permit shall be and a new permit shall be required unless a written extension is granted by the Marshal. |
| | |
| | rements - Please remember to include all of the following and mail to Office of the State Fire Marshal Stow, MA 01775, Attention: AST Program. |
| | E - \$100.00 per tank up to 100,000 gallon capacity. An additional fee of one dollar per 1,000 gallons shall be d for tanks greater than 100,000 gallons capacity. |
| The following | g must be submitted in triplicate (an original and two copies are acceptable): |
| | lication for Construction and Installation. One tank per application, unless the additional tank(s) are identical, tain the identical fluid and are in a close proximity as the one listed on the application. |
| 116 | ns. See 502 CMR 5.04 (2)(a) through (f). 502 CMR can be obtained from the State House Bookstore, Room , State House, Boston, MA 02133, (617) 727-2834. All plans must be stamped and signed by a professional ineer duly registered in the Commonwealth. |
| ☐ Lice | ense (MGL c. 148 s 13) and current registration (if applicable) |
| ☐ Mat | erial safety data sheet (MSDS) for the product being stored in the tank. |
| Note: Plans sub reapplication fee | mitted without the proper information and returned or otherwise disapproved, will require a |